

**ELIGIBILITY CRITERIA**

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To be **eligible** for the ADAPT Fund, the applicant must:

1. Be a business operating in the Northwest Territories, or the business/project directly benefits entrepreneurs and/or businesses in the Northwest Territories;
2. Employ at least one employee (other than the owner) or have at least \$10,000 in annual revenues;
3. Have been in business at least 3 months; and
4. Be a consumer-facing business (have direct interactions with consumers) or conduct any direct-to-consumer business.

The following types of businesses are **ineligible**:

- Society
- Non-profit organization
- Real estate brokerages and agents
- Corporate chains, franchises, or registered charities
- Representatives of multi-level marketing companies
- Wholesale or distribution businesses and manufacturers (unless their business model includes direct sales to end consumers)
- Businesses that engage in online reselling or drop-shipping businesses reliant on third-party suppliers (for example: Amazon, Alibaba, etc.)

**PERSONAL INFORMATION**

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First Name:  Middle Name:

Last Name:  Social insurance number (SIN):

Home Address:

Mailing Address (If different from Home Address):

Community:  Province/Territory:  Postal Code:

Telephone Number:  Alternative Telephone Number:

Email Address:

**SELF-IDENTIFICATION (Optional)**

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The self-identification questions within this section are optional. The information from these questions will be used for statistical reporting purposes only and will not be used in the evaluation of the application. The statistics will always be reported in aggregate form, to ensure protection of the identity of any individual.

1. How would you describe your ethnic status? | **Indigenous**  **Non-Indigenous**
2. Do you identify as a member of a visible minority in Canada? | **YES**  **NO**
3. Is your business founded, owned or led by a woman? | **YES**  **NO**

**BUSINESS INFORMATION**

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1. Are you a/an:
  - Individual/Sole-Proprietorship
  - Registered Partnership
  - Corporation, registered under the *Business Corporations Act*
  - Co-operative, registered under the *Co-operative Association Act*
2. Are all owners/shareholders of your business at least 19 years of age? | YES  NO
3. Are you the business owner, or an authorized representative of the business? | YES  NO
4. Registered/Legal Business Name:
5. Operating/Trade Business Name:
6. Canada Revenue Agency (CRA) Business number, if known:
7. Business Physical Address:
8. Business Mailing Address (*if different from Business Physical Address*):
9. Main Business Telephone Number:  Fax:
10. Business Email Address:
11. Which sector best describes your primary business activity?

<input type="checkbox"/> Accommodation and Food Services	<input type="checkbox"/> Mining, Quarrying, and Oil & Gas Extraction
<input type="checkbox"/> Administrative and Support	<input type="checkbox"/> Professional, Scientific, and Technical Services
<input type="checkbox"/> Agriculture, Forestry, Fishing, and Hunting	<input type="checkbox"/> Public Administration
<input type="checkbox"/> Arts, Entertainment, and Recreation	<input type="checkbox"/> Real Estate, Rental, and Leasing
<input type="checkbox"/> Construction	<input type="checkbox"/> Retail Trade
<input type="checkbox"/> Educational Services	<input type="checkbox"/> Transportation and Warehousing
<input type="checkbox"/> Finance and Insurance	<input type="checkbox"/> Utilities
<input type="checkbox"/> Health Care and Social Assistance	<input type="checkbox"/> Waste Management and Remediation Services
<input type="checkbox"/> Information and Cultural Industries	<input type="checkbox"/> Wholesale Trade
<input type="checkbox"/> Management of Companies and Enterprises	<input type="checkbox"/> Other Services (Except Public Administration)
<input type="checkbox"/> Manufacturing	
12. How long have you been in business?
  - Less than 3 months
  - 3 months to 2 years
  - More than 2 years
13. Do you own or have you ever owned a part of another business? | YES  NO
14. Please list the name(s) of the business(es), if any:



15. Enter information on each Owner/Shareholder in your business:

Name	(%) Ownership	Date of Birth	Primary Contact
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

**PROGRAM-SPECIFIC QUESTIONS**

1. Tell us what the funding is needed for:

- Developing a new e-commerce website and/or adding functionality to an existing site
- Installing an e-commerce platform (*may include subscription fees and costs*)
- Digital marketing for the e-commerce store (*may include search engine marketing or digital advertising*)
- Tracking and managing inventory and sales systems
- Related hardware/software costs
- Related professional fees or other costs
- Other, please specify

2. How much financing is requested (*up to a maximum of \$2,600*) (*in Canadian Dollars*)?

3. How many employees does your business have currently (*before funding*)?

4. How many employees do you expect your business to have after funding (*if approved*)?

**CONSENT & DECLARATION**

**I declare I have personal knowledge of the matters discussed in this application and state that:**

1. I have supplied all requested information;
2. To the best of my knowledge:
  - a) all written and verbal representations made by me or on my behalf are true and correct; and
  - b) all documents provided by me or on my behalf are genuine;
3. The proposed business activities comply with all federal, territorial and municipal laws;
4. Any conflicts of interest (actual, apparent, perceived, or potential) relating to this project are disclosed in this application; and
5. Everything in this declaration is true and is of the same force and effects as if made under oath.

**I consent:**

1. That the Northwest Territories Business Development and Investment Corporation (BDIC) or its agents can inspect:
  - a) my business premises; and
  - b) any financial statements, receipts, and business records;
2. That if my application is approved, the BDIC may publish the following information:
  - a) the name and location of my business in which it carries on its business in and where its head office is located;
  - b) my name and the community in which I reside or carry on business in; and
  - c) the details of my business activity, including the amount approved under this application and any previous financial assistance I have received from the BDIC or the GNWT; and
3. To receive all correspondence at the email address(s) provided in this application. I understand that if I do not provide an email address, all correspondence may be sent through regular mail which may delay the decision on my application.

**Authorized Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_